This Section must be completed for all projects.

APPLICATION FOR PERMIT-July 2009 Edition

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD **APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification		MAR 1 8 2010
Facility Name: Gold Coast Surg	icenter	WAN 1 0 2010
Street Address: 845 North Mich	igan Avenue, Suite 985 West	
City and Zip Code: Chicago 60611		HEALTH FACILITIES &
Country Cook	Hoolth Convince Area: VI	SERVICES REVIEW RUNALL

County: Cook Applicant Identification [Provide for each co-applicant [refer to Part 1130.220]. Exact Legal Name: Gold Coast Surgicenter, LLC Address: 5252 North Western Avenue, Chicago, Illinois 60625 Name of Registered Agent: Harold Rosen Name of Chief Executive Officer: Roberto Diaz, MD CEO Address: 5252 North Western Avenue, Chicago, Illinois 60625 Telephone Number: (773) 988-8111 APPEND DOCUMENTATION AS <u>ATTACHMENT-1</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF TH APPLICATION FORM. Type of Ownership Non-profit Corporation Partnership For-profit Corporation Governmental Limited Liability Company Sole Proprietorship Other Corporations and limited liability companies must provide an Illinois certificate of good standing. Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Primary Contact
[Person to receive all correspondence or inquiries during the review period]
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Additional Contact

[Person who is also authorized to discuss the application for permit]	
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